OFFICE OF CONGRESSWOMAN ANNA G. ESHOO PRIVACY CONSENT FORM

Please print clearly

Date:	/
Name:	(Last),
	(First)
Address:	
Phone: (Dayt	ime): (Evening)
E-mail:	
This case is p	ending with the following federal agency:
Name of App	licant/Entity:
• FEMA	A case #:
• FEMA	A Disaster Declaration: California Czu Lightning Fire Complex (DR-4558-CA)
• Type	of application:
• Date of	of Birth: SSN:

Please briefly explain the problem you are having with the federal agency referenced above:

Please describe th agency:	e nature and date of you	ir latest correspondence or contact with the	
		other representative's office regarding this	
matter? If so, whe			
authorized all of th reviewed and under with it; and 3) all o	e print name) e information in this priv rstand all of the informati f this information is com	ertify, under penalty of perjury, that 1) I provided or acy release and any document submitted with it; 2) I on contained in my privacy release and submitted plete, true, and correct. I am authorized to release	
relevant to resolvin Congresswoman A	g my case referenced abo	to release information contained in my records as ove, and to the extent permitted by law, ers of her staff in accordance with the provisions of	
		Signatur	re
Please Return to:	698 Emerson Street Palo Alto, California 94 650-323-2984 (phone) 650-323-3498 (fax)	Today's Dat	te